

Case Number:	CM13-0022948		
Date Assigned:	11/15/2013	Date of Injury:	03/27/2009
Decision Date:	02/03/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 59-year-old injured worker who reported an injury on 03/27/2009 after reportedly sustaining an injury while performing normal job duties. The patient underwent an MRI that revealed a possible tear of the supraspinatus at insertion with definitive acromioclavicular arthritis. The patient has a history of right shoulder surgery with good results. The patient's most recent clinical findings included a stiff neck in all directions, full range of motion of the right shoulder, and stiffness, weakness, and tenderness of the left shoulder. The patient underwent an injection of the left shoulder that failed to completely resolve the patient's symptoms. The patient's diagnoses included chronic sprain/strain of the right shoulder with impingement syndrome and rotator cuff tear highly suspected, and a chronic cervicothoracic musculoligamentous sprain/strain. The patient's treatment plan included surgical intervention for the left shoulder

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left shoulder diagnostic operative arthroscopy bursectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Diagnostic arthroscopy

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has persistent left shoulder pain complaints that have failed to respond to conservative measures. However, American College of Occupational and Environmental Medicine recommends surgical intervention when there are clear physical findings and imaging evidence of a lesion that would benefit from surgical intervention. Although it is noted within the documentation that the patient previously underwent an MRI, this MRI was not submitted for this review. Therefore, the need for surgical intervention cannot be determined. The request for left shoulder diagnostic operative arthroscopy is not medically necessary and appropriate.

Decompression, mumford procedure and possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212.

Decision rationale: The clinical documentation submitted for review does support that the patient has chronic persistent left shoulder pain that has failed to respond to conservative treatments. American College of Occupational and Environmental Medicine recommends surgical intervention for patients with clear clinical indications and imaging findings of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review does not provide any evidence of impingement syndrome that would benefit from decompression or a Mumford procedure. There are no quantitative objective measures to include limited range of motion, weakness, or pain to support the need for an injury significant enough to warrant surgical intervention. Also, although it is noted within the documentation that the patient previously underwent an MRI, the imaging study was not submitted for this review. Therefore, the need for surgical intervention cannot be determined. The request for decompression, Mumford procedure and possible rotator cuff repair is not medically necessary and appropriate.